Annual Report

Social Marketing Strategies for

MCH in the States of Uttar Pradesh, Uttaranchal, Jharkand, India

Population Services International, India

Name of the PVO:	Population Services International, India
Program Location:	Uttar Pradesh, Uttaranchal, Jharkand, India
Program Dates:	October 2002 to March 2005
Submission Date:	October, 2003
Cooperative Agreement:	HFP-A-00-02-00042-00
Authors:	Ms. Vibha, Project Director Dr. J. Patrick DuConge, Program Director

Background:

This SMS-MCH project of 2 ½ years is being implemented for improving Maternal and Child Health (MCH) in three northern Indian States: Uttaranchal (UR), Uttar Pradesh (UP) and Jharkhand (JH). The goal of the project is to reduce infant and child (under 5) mortality and morbidity in the States of UR, UP, and JH. The purpose is to increase positive MCH behaviors among, and increase the use of essential MCH products by low-income users. The basket of essential MCH products that is proposed in this project include clean delivery kits (CDKs), iron folic acid tablets (IFA), safe water system (SWS), oral rehydration salts (ORS), oral contraceptive pills (OCPs) and condoms.

The project has two components:

I. Social Marketing of a Basket of six MCH Products under the *Saadhan* logo.

II. Pilot of a *Saadhan* referral network of private medical providers in low-income urban centers of Dehradun and Haridwar of Uttaranchal.

In both components, social marketing efforts will adopt distribution and Behavior Change Communication (BCC) strategies that complement one another, and work with a variety of key players who can influence low-income individuals and families. These players include 1) private medical practitioners who serve low-income families, 2) commercial trade representatives, including chemists, grocers, local shop owners, 3) field-level health workers, such as traditional birth attendants (TBAs), auxiliary nurse midwives (ANMs) and community health workers (CHWs) working through NGOs and CBOs, and 4) mothers and fathers of children aged under 5 who belong to low-income settings.

A. Describe the main accomplishments of the program and what it has done well. Also, describe the factors that have contributed to achieving these accomplishments. To complement this descriptive section, please provide a chart listing the program objectives in the first column, an overall estimation as to whether or not the progress toward achieving the objective is on target in the second column (a "yes" or "no" answer), and comments (optional) in the third column. Please include all objectives (technical, capacity building and sustainability).

Project start-up activities:

A central office for three project states was set-up at Moradabad, UP in October'02. An orientation to the objectives and deliverables of the project of sales teams from the project states – 5 Managers and 26 Field Officers - was undertaken on the project. Project Director and Project Communication Manager were appointed in February'03. Considering the intensive activity in two districts of Uttaranchal, a small office with a Project Coordinator and four Inter-personal Communication Coordinators (ICCs), was set-up in Dehradun in May'03.

Along with project establishment activities, between October'02 and May'03, meetings with key stakeholders were organized as part of the Detail Implementation Plan (DIP) preparation process. Partners and stakeholders included USAID India, the Secretary of Health and Director General of Health of UR, USAID Cooperating Agencies (CAs) and projects such as PRIME/INTRAH and Environmental Health Project. NGOs and private practitioners' Associations in the project area were identified to expand the reach of several of PSI/India's MCH products. The DIP was approved in June'03.

A Knowledge Attitude Practice (KAP) baseline study was conducted by IMRB in four towns of both the project district during March'03, to get purpose level indicators for the network log frame.

Launch of the Project-

The project was formally launched on 10th July'03 in Dehradun. The launch function was presided over by Mr. A K Jain, Secretary Health and Family Welfare, Government of Uttaranchal. Dr I S Pal, DG - Health & Family Welfare was the guest of honor. Director SACS, CMO Dehradun, Deputy CMO Haridwar, officials from RCH Project were also present. Mr. Tim McLellan, Dr Jean-Patrick DuConge from PSI Delhi, and the entire project team was present on the occasion. Representatives from IMRB, INTRAHealth, Himalayan Institute Hospital Trust - Rural Development Institute (HIHT-RDI), Mamta, AMS, Swajal, World Vision and Private Practitioners' Associations were also present.

Progress under Component I

Under the component one of the project, social marketing of the following MCH products has started from October'02:

1) Social Marketing of condoms under the brand name 'Masti" across the three states was supported by BCC, under the Chayan Project[1], through television in all the three states and hoardings in Jharkhand.

2) Social marketing of oral contraceptive pills (OCP) under the brand name "Pearl" was supported through generic campaign on television of CMS. A flyer has been developed to communicate on OCP use and address common myths regarding side effects of OCP consumption.

3) Social marketing of Oral re-hydration salt (ORS) under the brand name "Neotral" is being supported by a focused communication activity namely "*Saadhan Baithaks*" (meetings with private health providers). The meeting gets together a group of 18-20 health providers, and discusses issues related to the management of diarrhea, risks of dehydration, and use of ORT/ORS. Follow-up

[1] The Chayan project is a 5.5. year, USAID funded project implemented by CARE in 5 States of India. PSI is providing the social marketing component in the States of Rajasthan, Jharkhand and Chhattisgarh.

of this meeting takes place on subsequent days to provide information on PSI brands. A flyer has been designed and is distributed to these health providers for inter-personal communication with clients on method of preparation of ORS and diarrhea management. 41 such "Saadhan Baithaks" have been conducted until now. ORS was also promoted through a display stall at a month long fair in one district of UP in June'03.

4) Social marketing of iron –folic acid tablets under the brand name "Vitalet-preg" is being promoted through "Saadhan Baithaks", where health providers are oriented on the issues of anemia and its ill effects on women's health and pregnancy outcomes. A flyer is given to these health providers that explains the issues of anemia and importance of IFA tablets during pregnancy. So far, ten of these meetings have been conducted.

A total of 664 health providers have been oriented on the issues of anemia and diarrhea.

5) Newborn - Clean Delivery Kits (CDKs) is meant for use during home deliveries. It is being sold in selected districts of Uttar Pradesh and Jharkhand. In UP the product is being promoted through radio communication campaign, hoardings at grocery shops in villages and demo stalls at community conglomeration points. Traditional Births Attendants (TBAs) are being involved as 'brand ambassadors' for CDKs. The TBAs are oriented in a group of 15-20 on the issues of clean delivery and along with product demonstration. They are also informed about the nearby outlets where CDKs are available. In Ranchi, Jharkhand, the NGO Krishi Gram Vikas Kendra is making CDKs available through nine-outreach clinics where pregnant women come for antenatal check-ups. So far, seven orientation programs with 117 TBAs and 20 NGO functionaries have been organized.

PSI put up a stall in the famous 'Nauchandi' fair for CDK and ORS. This month long fair was in Meerut (Western UP) and drew more than 12 million visitors from semi urban and rural areas.

6) Social marketing of water disinfectant under the brand name "Safewat" will be piloted in two districts of Uttaranchal. This intervention is supported by additional funds ($200,000) received through AIDSMARK. The project was approved in the last week of July'03. Three programmatic approaches will be adopted for social marketing of 'Safewat': community based approach for hygiene and sanitation education and product information; health provider network for IPC on hygiene/ sanitation and its impact on child health and trade approach. Project start-up activities like recruitment, water quality testing, packaging re-design and training material development are under progress. USAID has contracted an independent agency, IndiaCLEN for the evaluation of this pilot which will be based on intervention and control area approach.

Sales Performance

Distribution of five MCH products is being undertaken through 360 stockists across three states. The products are reaching to 57,793 chemists' shops, 20,790 grocer/general merchant shops. 1,685 health providers are dispensing 'Saadhan'[2] MCH products.

The table below gives the **first year sales figures of five MCH products**:

MCH Products	End of Project Figures	Sales figures Oct.'02 - Sep.'03	Achievement
Condoms	77,200,000 pieces	33,569,526 pieces	43%
Oral C Pills	2,332,000 cycles	833,216 cycles	36%
ORS	738,000 sachets	813,860 sachets	110%
IFA tablets	2,700,000 tablets	3,938,709 tablets	146%
Clean Delivery Kits	20,000 kits	26,586 kits	134%
Safewat	10,200 bottles	Not launched yet	-

Progress under Component II

The Saadhan Referral Network of health providers is the second component of the SMS-MCH project being piloted in two districts- Dehradun and Haridwar in the state of Uttaranchal. The goal of the Network is to provide behavior change and provide affordable Maternal and Child Health (MCH) counseling services and products to the slum communities.

1) A population based baseline survey on child health was conducted by SRI-IMRB (Social and Rural Research Institute- a specialist unit of Indian Market Research Bureau, Delhi) to fulfill the following two fold objectives: To provide inputs for the detailed implementation plan and to collect baseline child health indicators in the two districts of Uttranchal on knowledge, attitudes and behaviors related to child health. The research objectives have been subdivided into three sub-objectives as follows:

-To assess the knowledge of the respondents with respect to MCH.
-To find the attitudes of the respondents regarding MCH.
- To find the behavioral patterns of the respondents with respect to MCH.

The study was conducted in two districts of Uttaranchal, Dehradun & Haridwar. The sample was spread across large and small towns. In Dehradun district the towns covered were Dehradun and Rishikesh. In Haridwar district, the towns covered were Haridwar and Roorkee.

2) Mapping of Health Providers

[2] "Saadhan" is PSI's umbrella brand for MCH products and services. Saadhan mean "solution, way", and is symbolized by a key: "the key to family health".

After setting up the office, various government departments were approached and information about slum areas from local authorities was collected and compiled. Mapping tools for information about health providers were developed. An intensive exercise to map health providers in four major towns (Dehradun, Rishikesh, Haridwar and Roorkee) was undertaken.

Between May and July'03, a total of 643 health providers (HPs) were mapped. After applying specific criteria only 290 HPs were short listed for enrolment in the network, and regrouped into two categories: 238 of them are Indian System of Medicine and Homeopathy Practitioners (ISM&HPs), and will be responsible for counseling services and the 52 remaining are MBBS (family) doctors or specialist doctors, and will provide referral services. Care was taken to enlist only those ISM&HPs who have basic standards of quality and are serving low-income population residing in slums. Visual mapping of ISM&HPs on maps has been completed.

3) Promotion Approach

As Uttaranchal is a new state for PSI, 'Saadhan' logo has been promoted using print media and hoardings. Credibility of the network was established by highlighting benefits of the network membership through four testimonial advertisements in two daily newspapers. Two personalized letters have also been sent to all the short-listed ISM&HPs to maintain the relationship initiated by PSI staff. A brochure was developed to provide ISM&HPs one point information about PSI, the network and its objectives.

4) Enrolment of ISM&HPs

Immediately after the above mentioned promotional activities, in September'03, enrolment of shortlisted ISM&HPs was undertaken. The ISM&HPs were given a document in which they signing a declaration expressing their interest to join the network and adhere to its mandate. The enrolment document gives complete information on inputs from PSI and expectations from ISM&HPs as part the network members. The ISM&HPs were asked to provide a copy of their diploma/degree, and to pay a nominal amount of Rs. 100 ($2) for registering for the trainings. A total of 138 ISM&HPs signed the enrolment document and registered themselves.

5) Training

INTRAHealth has been sub-contracted for trainings. Their contract was approved in the third week of July 2003. A preparatory meeting with INTRAHealth and a local training partner (HIHT-RDI) was held on 14th-15th July'03. INTRAH-RDI conducted a training needs' assessment (TNA) and started the adaptation of modules on the following topics:

- Maternal & new born care
- Birth spacing
- Diarrhea prevention and management
- Nutrition (growth monitoring and breastfeeding) & immunization

The fifth topic - Acute Respiratory Infection - was decided based on the preference and need expressed by the ISM&HPs during the TNA. Principles of counseling, elements of quality of care and information about national programs has been integrated in all the modules.

A five day training of trainers (TOT) has been designed and started from 7th October'03. Trainings of ISM&HPs started on 19th October'03, in presence of Government officials.

5) Follow-up tools

The trained ISM&HPs will also be provided on clinic support by the trainers for application of counseling skills and MCH knowledge. Tools have been developed for undertaking this exercise.

6) Behavior Change Communication (BCC) activities

Classification of slums of Dehradun and Haridwar was initially done using information provided by the health department, and later cross-checked by a classification carried-out by the Environment Health Project (EHP). The slums are under three categories according to their vulnerability status: extreme, moderate and less vulnerable. The BCC strategy is being developed considering the profile of slums. Broadly inter personal communication (IPC), video shows, games, quiz, talks amongst the community by eminent doctors, women's group and men's group meetings, cable TV, hoardings and street theatre will be used for BCC on MCH issues. Professional agencies were contracted for carrying out specific communication activities. Day-wise planning of all the BCC activities and preparation of print material and audio-visual software has been completed. Approximately 14,000 BCC events have been planned. BCC activities will commence from November'03.

7) Baseline of MCH services provided by enrolled ISM&HPs
A full day client count study has been designed and will be conducted in October-November'03. The objective of this study is to get baseline in terms of the current patient/client load at each of the 138 enrolled ISM&HPs' clinic and also get for the MCH services provided by these ISM&HPs.

Progress towards program objectives:
Component 1

OBJECTIVES	ESTIMATION OF PROGRESS ON TARGET (YES/NO)	COMMENTS
Objective 1: Increased access to MCH products	Yes	• Five out of six MCH products launched in UP, UR and JH • 78,583 outlets providing four MCH products
Objective 2: Increased awareness of Saadhan products among low-income families	Yes	• 50 Saadhan meetings organized for IFA & ORS with 664 HPs • 117 TBAs oriented on CDK • Stalls put up on ORS and CDK for one month long mela having 1.2 million visitors • Radio campaign on CDK
Objective 3: Improved awareness and collaboration between public, private and NGOs regarding integrated MCH	Yes	• Three NGOs are working with PSI for CDKs • 1,685 private Health providers are prescribing/dispensing IFA Vitalet-Preg • Project details and progress has been shared in two White Ribbon Alliance India meetings
Objective 4: PSI/India's capacity to implement a more sustainable integrated family health program strengthened	Yes	• Project office set-up at Moradabad & small office for the network set-up in Dehradun • SMS Project Director participated in all four 2003 PSI ExCom meetings • Training manager appointed at Delhi office • Training of sales team on generic communication and IFA and CDK undertaken • Revenues from CDK and IFA cover 100% of cost of gods sold
Objective 5: PSI's capacity in integrated MCH expanded	Yes	Lessons of CDK distribution disseminated

UNDER COMPONENT TWO, OUT OF FOUR OBJECTIVES, ACTIVITIES PERTAINING TO THREE WILL COMMENCE FROM NOVEMBER. HOWEVER THE FOURTH OBJECTIVE IS ACCOMPLISHED AS GIVEN BELOW:

Component 2

Objective 4: Improved enabling environment for MCH promotion in project areas	Yes	• UR State government representatives participated in launch activities • Progress shared with UR State government and WRAI

B. *What factors have impeded progress toward achievement of overall goals and objectives and what actions are being taken by the program to overcome these constraints?*

Under the component I, the achievement of objectives is more than expected level. However, under the component II, the progress has been slow. It is because start-up activities and delay in finalizing the contracts of training institutions and conducting the TOT. However, now the TOT is over and trainings have started.

C. *In what areas of the program is technical assistance required?*

For specific training, research and communication activities, the project calls external technical assistance as required: PSI headquarters' office in Delhi is also providing technical assistance on a need basis. We do not envisage further TA from other sources at this stage.

D. *Describe any substantial changes from the program description and DIP or Midterm Evaluation that will require a modification to the Cooperative Agreement. Discuss the reasons for these changes. Ensure that the Annual Report uses the program's monitoring plan to describe progress, gaps and the programmatic responses proposed (e.g., How data is being used for monitoring).*

There are no such substantial changes from the program description and DIP. However, the following shifts have happened:

PSI has received additional funds ($200,000) from USAID through AIDSMARK to pilot the introduction of Safe Water Systems in Uttaranchal. This funding allows PSI to add a community-based component to the trade and health providers network set-up by the SMS project.

The total population proposed under the component two (health providers' network) was 180,000 whereas subsequently revised figures from the state government were received and now the total population being covered is 259,000 approximately.

Under the health provider (HP) network a total of 240 HPs were to be enrolled. However after an extensive mapping of HPs and criteria based selection, only 138 HPs were eligible for enrolment. We chose to keep a homogenous group of providers and to maintain all quality criteria for selecting network members rather than aiming at the original number. We think that a strong base has better chances of sustainability, and attracting future providers rather than heterogeneous groups with a wide range of qualifications and levels of commitment.

As HPs will be trained on MCH counseling skills and will undertake inter-personal communication (IPC), the communication efforts will be more intensified towards IPC.

Monitoring Table for component I (Social Marketing in UP, UR and JH):

Activity	Indicator	Progress/gaps & Programmatic responses
All Six MCH products launched	All 6 MCH products present in UP, UR and JH	Condom, OCP, ORS and IFA are present in all thr states CDK is present in selected districts of UP and JH Safewat to be piloted only in UR only
Availability of 4 MCH products in 80 % Districts	Number of Districts with 4 MCH products out of total number of Districts in the State	Vitalet preg in 50% of the districts Masti in 98% of the districts Pearl in 97% of the districts Neotral in 89% of the districts
New outlets opened in program States	6,000 new outlets opened	885 new outlets opened
Communication activities	Frequency (Number) and type of communication by each MCH product	Under the component one : CDK through radio ORS through health providers' meetings Printed flyers for Neotral, New born, Vitalet-Preg, pe and Masti Pearl & Masti through television & billboards
Collaboration with medical providers	Number of providers buying MCH products	1,685
NGO collaboration with PSI	Number of NGOs working with PSI to promote Newborn CDKs and SWS in urban slums	Three for CDKs Safewat SWS not launched yet
Integrated MCH lessons learned shared	Number of presentations on integrated MCH and meetings attended at WRAI	Two
Presence in UP established	Project office fully functioning	Yes
ExCom participation	Attendance and participation of SMS Project Directors at ExCom	In all four Ex-comm meetings
Training capacity increased	Training Coordinator hired	Yes
MCH capacity increased	Sales training in new MCH products conducted	Yes. Done for five products, and to be conducted December 2003 for Safewat.
MCH revenues	Revenues from new MCH	Yes for CDK and IFA

secured	products cover 100% of commodity procurement	Safewat not launched as yet
Best practice in MCH disseminated	MCH product CDs created MCH documented on PSI Global Intranet MCH Best practices Published within PSI Impact, PSI's internal newsletter Best practices shared with Project Advisory Group, MOH, stakeholders, via state and district RCH societies	Presentations on the project and progress upda have been shared with government/non-governm stakeholders

E. For each of the recommendations made in the DIP or MTE, please provide a thorough discussion describing the activities that are being undertaken to implement each one.

Most recommendations following the DIP presentation were related to the design of the Safe Water System intervention, and were addressed in the revised DIP. Please refer to the revised DIP submitted last June:

- Specific Product Strategies and Sales Targets (p.15): para on SWS. 3. Synergy with Other Projects (p.17): para on USAID support for Safewat SWS Activities.
- E.1.2. Monitoring and Evaluation of Component I: para on the evaluation of SWS component (p.26).Component II: The Pilot Saadhan Network of Health Providers (p.65): para "The health providers' network will benefit from the community-based approach…"
- Summary table p.71: SWS disinfectant line, and last column.
- 3.2.4. Prevention and Management of Diarrheal Diseases: background and prevention of diarrhea sections (p.96 to 98), graph p.97, footnotes 44 & 47.
- Product strategy for SWS (p.99 to 103), table p.102.

Handwashing has been integrated in the design of this component. It is now an integral part of training, communication, research and M&E efforts.

F. For projects in their first or second year: If specific information was requested for response during the DIP consultation for this program, please provide the information as requested. For each issue raised in the DIP consultation, provide a thorough discussion of how the program is addressing the issue. For projects in their third year (or year following the MTE): If specific information was requested at the MTE for this program, please provide the information requested. For each issue raised in the MTE, please provide a thorough discussion of how the program is addressing the issue. For projects entering their final year: Please describe the phase-out plan for this program

including steps taken and to be taken, targets reached or to be reached, and constraints to date. Discuss the current expectations on progress towards phase out, and how they have evolved/changed over the life of the program.

Ref.E.

G. *Describe the programs management system and discuss any factors that have positively or negatively impacted the overall management of the program since inception.*

- Financial management system

The project has two offices for two components. Moradabad office is headed by State Sales Manager and comprises Accounts Officer and Communication. Financial systems have been established at Moradabad. Till now financial functions have been carried out smoothly. But now as field level communication activities are being launched, it has been decided to set-up financial systems at Dehradun itself.

- Human resources

Under the component all the staff was in place by November'02. Joining of Project Director and Communication Manager was late and they joined in January and February'03 respectively. Under the component two, the entire team of four Inter-personal Communication Coordinators, one Project Coordinator and Admin Assistant was in place in June'03. The delay in joining of staff posed challenges before the project team however with support from PSI Delhi, the team could initiate activities.

- Communication system and team development

Proper communication system has been put in place in September'03. This was delayed as computers for all key staff, were not in place at Dehradun office right from inception. Computers were arranged from Delhi and Moradabad offices between June and August'03. This adversely affected smooth flow of information. Under the component two, in the second district Haridwar, communication system is being established now. All these delays can be attributed to paucity of funds, which led to arrangement of hard inputs from PSI Delhi.

Monthly review meetings with sales team and weekly meetings with HP network team are held. Workplan is reviewed with key staff on a monthly basis. A workshop was held in July'03 which brought both sales and communication staff together on a common platform. This facilitated team development.

- Local partner relationships *(How is the PVO doing as assessed by the local partner?)*

The project maintains excellent relationship with the local government and private partners in training and research.

- PVO coordination/collaboration in country

Regular feed-back is being sent from the field to PSI headquarters and to the local USAID mission in Delhi. PSI regularly shares progress with international and national NGOs through White Ribbon Alliance monthly meetings and other exchange opportunities (recently attended the "Implementing Best Practices Initiative" intra-country meeting, September 2003).

- Other relevant management systems

PSI has its own 'field force management system' (FFMS) which is in place at Moradabad. Daily reports of sales staff are fed into this database and every month cumulative sales figures and outlet information is generated from this system. Sales figures are shared with PSI headquarters in Delhi on a weekly basis.

PSI has introduced 'cost centre' system. This is supported by software which keeps track of project funding allocation for one calendar year and expenditure incurred. This tool is very useful in tracking pace of expenditure and also monitoring activity specific budget utilization.

H. *If an organizational capacity assessment of any kind has been conducted during the LOP, including a financial or management audit, describe how the PVO program has responded to the findings.*

None

I. *For all Annual Reports, please provide a detailed work plan for the coming year.*

A detailed work plan in Excel format is attached.

J. *If the program has some key issues, results or successes, or if the program has identified a new methodology or process that has serious potential for scale-up, please provide a one-page highlight if appropriate, including 2 or 3 brief paragraphs of key results from the program. Also, discuss how this would be of interest to the greater development community. The highlight should include the following information:*

- *The problem being addressed (e.g. low immunization coverage)*
- *The CSP input to address it (TA, logistics support, training, etc.)*
- *The magnitude of the intervention (number of direct beneficiaries, percentage of population covered by CSP, etc.)*
- *Some quantifiable or specific results (immunization increased from X% to X% in XX districts, a new policy enacted, or some other impact-oriented result).*
- *Note: This information is helpful for the CSHGP in preparation for the annual USAID Child Survival and Health Programs Fund Progress Report to Congress.*

The health providers' network in Uttaranchal is an already promising intervention that would deserve to be funded over a longer period. A strong base has been established for this component, which received full support from the Uttaranchal State Government and the local USAID mission. PSI/India, with operations in 22 States, and diversified funding sources, has the capacity to disseminate and replicate best practices country-wide, but the experimentation would require a longer time than initially planned. A time and funding extension would be welcome with this regard. This important pilot serves different purposes of National interest:

a. Over the past decades, Social Marketing Organizations based in India have been focused on serving middle-income urban populations. The focus on Below Poverty Line, slum populations of Uttaranchal will demonstrate the feasibility and usefulness of targeting poorer groups, who despite their geographical position have very limited access to basic care.

b. The feasibility of using private providers, non allopathic practitioners in particular, to deliver preventive services and hence participate in the National primary health care efforts. By mapping private health providers, asking Government officials to inaugurate trainings and through the information provided to private providers on National programs, PSI is creating a precedent for future communication and collaboration between the public and the private sector, two sectors which are currently functioning in parallel.

c. Opening social marketing techniques to services. Social Marketing Organizations have traditionally limited themselves to the marketing of a limited number of products, while commercial techniques can well be applied to products other than contraceptives and to services (e.g. various forms of social franchising). Expanding the basket of social marketing products to MCH products and operating a shift from products to services are two major recommendations of the draft National Guidelines for the Social marketing Program that PSI is putting into practice in this project.

d. With this project, PSI is demonstrating that part of the Indian population can financially participate in the health effort, and that this participation leads to better services and better management. Free services are currently provided by the public health system throughout the country. People do not trust free products/services, and managing products and services with no value has proven to be a difficult task for health managers. When the public system was put into place decades ago, the assumption was that the vast majority of the population was unable to financially participate. With an emerging middle-class, better education, and information on health, India is ready to test new schemes with a stronger participation from the consumers themselves.

K. If a topic in these guidelines does not apply to the program, please indicate this in the Annual Report. If the program has not yet obtained sufficient information to fully describe an element, then please describe plans to obtain this information.

L. Include in the Annual Report, other relevant aspects of the program that may not be covered in these guidelines.

SMS-MCH Project

Workplan October '03 to September '04

Activities	Person Responsible*	2003 O	N	D	2004 J	F	M	A	M	J	J	A	S
Component I: Social Marketing of MCH Products in UP, UR and JH													
Objective : Strengthen PSI India's capacity to implement an integrated MCH program													
Re-design packaging of the SW disinfectant	TD/TM	■	■										
Orientation of SWS staff on the project	TM/PD	■	■										
Orient sales staff on SW product	TM/SSM		■										
Present yearly Cost Center Plan (CCP) to ExCom	PD, TD				■								
Attend ExCom meetings	PD, TD				■			■			■		
Review progress Technical Director	PD/PC			■			■			■			■
Document lessons learned & qtly progress reports	PD, TD			■			■			■			■
Objective : Increase access to MCH products													
Objective : Improve awareness & collaboration between public/private/NGOs regarding integ.MCH													
Review progress with sales & communication staff	PD, SSM			■						■			
Strengthen Vitalet-Preg IFA in UR & JH	SSM		■										
Select community-based workers for SWS	PD, TD		■										
Conduct training of community based workers	TM			■									
Identify NGOs working with community based workers for CDK	PD			■					■				
Train NGOs on CDK social marketing	TM												
Supply CDKs to NGOs	PM			■					■				
Update key stakeholders during PAG meetings (biyearly)	SSM				■						■		
Objective : Increase awareness of MCH products among low income families													
Finalize birth spacing campaign	CM/PD/SSM		■										
Develop state specific communication plans	CM/PD/PC		■										
Implement communication activities in UP	CM/SSM			■	■	■	■	■	■	■	■	■	■
Implement communication activities in UR	CM/SSM			■	■	■	■	■	■	■	■	■	■
Implement communication activities in JH	CM/SSM			■	■	■	■	■	■	■	■	■	■
Component II: Pilot Referral Network of Private Medical Practitioners in UR													
Objective : Improve access to basic MCH related information, quality MCH service and essential MCH products to low-income parents													
TRAINING, Follow & Referral workshops													
Conduct TOT	INTRAH/RDI	■											

Activities	Person Responsible*	O	N	D	J	F	M	A	M	J	J	A	S
Conduct 24 trainings of health providers	INTRAH	■	■	■	■								
Revise module based on pre-test	INTRAH/RDI	■	■	■									
Conduct refresher TOT	INTRAH					■							
Conduct Refresher trainings	RDI						■						
Identify referral institutions/doctors	PD/PC		■										
Meeting with referral institutions/doctors	PD/PC		■										
Organize referral workshops	RDI				■								
Planning cum review for product placement in two districts	SSM/PD/PC				■			■			■		
Follow-up for product supply	FO/ICC/PC	■	■	■	■	■	■	■	■	■	■	■	■
Review with INTRAH & RDI	PD/PC		■										
Budget modification with INTRAH	PD		■										
Finalize Follow-up tools	INTRAH/PD	■											
Undertake follow-up visits	RDI/ICCs		■	■	■								
BCC ACTIVITIES (on 4 issues)													
Segregate slums & assess target population	PC/ICCs	■											
Develop issue specific comm. plan for 2 dist.	PD/PC	■											
Finalize BCC issue specific bubbles	PC/ICCs/PD	■											
Sign contract with selected agency	PD/MD	■				■					■		
Provide software for games & quiz	PO/ICCs	■											
Provide software for audio/visual	PO/CM	■											
Develop new software for video shows				■	■	■							
Provide software for street shows	PO/ICCs	■											
Provide software for van, stall & info panels	PO/ICCs	■											
Develop route plan for two districts	ICCs	■											
Undertake BCC activities on intervention areas	Agency/ICCs		■	■	■	■	■	■	■	■	■	■	■
Procure promotional gifts/prizes	PC	■	■		■			■			■		
Review activities with the agency	PD/PO/PC		■	■	■		■	■	■	■	■	■	■
Select IPCs	ICCs/PC	■											
Finalize comm. Material for IPCs	PCs/ICCs	■	■	■									
Conduct issue specific trng. of IPCs	ICCs/PC	■	■	■									
Conduct review cum refresher trngs. with IPCs	PC/ICCs		■	■	■	■	■	■	■	■	■	■	■
PROMOTION OF HPs/counselling services/NETWORK													
Finalize ads of trained HPs	PC/CM	■											
Release ads	PC	■	■	■									

Activities	Person Responsible*	O	N	D	J	F	M	A	M	J	J	A	S
Finalize clinic promotion - clinic environment	PC												
Develop print material	PC/PD												
Procure promotional items	PC												
Improve clinic environment	PC												
Finalize community level promotion - family health card	PC/PD												
Develop family card	PC/PD/TD												
Print family card	PC												
Distribute family card	PC/ICCs												
Finalize service promotion	PC/PO												
Print promotion material	PC												
Place promotional material in media	PC/CM												
RESEARCH													
Select agency for client count	PD/CM												
Finalize the study	PD												
Conduct full day client count at enrolled HPs' clinics	Agency												
Design Mid-term assessment of HP's counseling skills	PD, RM												
Review research proposals and select agency	TD, RM, PD												
Conduct Mystery Client Surveys, Exit interviews	Agency												
Design endline KAP survey	PD, RM												
Review proposals and select agency	TD, PD, RM												
Objective : Improved enabling environment for MCH promotion in project areas													
Participation of state government representatives in trainings	PD												
Participation of state government representatives in BCC events	PD												
Meeting with key officials in the state govt. UR	PD, TD												
Meeting with private pract. Associations/key NGOs	PD												
Update USAID India on CS project	TD												
Attend WRAI Meetings	PD/TD												
Media coverage of trainings	PD/PC												
Media coverage of BCC activities	PD/PC												